

## INTEREST AND DIVIDENDS TAX RETURN

041

For the CALENDAR year **2004** or other taxable period beginning \_\_\_\_\_ and ending \_\_\_\_\_

FOR DRA USE ONLY

Due Date for CALENDAR year is on or before **April 15, 2005** or the 15th day of the 4th month after the close of the taxable period.**STEP 1**  
Please  
Print or  
Type

LAST NAME OF INDIVIDUAL OR PROPRIETORSHIP	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
NAME OF PARTNERSHIP OR FIDUCIARY		FEIN OR DIN (SMLLC)
NUMBER & STREET ADDRESS		
ADDRESS (Continued)		
CITY/TOWN, STATE & ZIP CODE		

**STEP 2**  
Entity Type  
& Special  
Return  
Type

<input type="checkbox"/> ① INDIVIDUAL	<input type="checkbox"/> ③ PARTNERSHIP	} _____ % of NH Ownership Interest	<input type="checkbox"/> Initial Return	Mo	Day	Year	Established NH Residency
<input type="checkbox"/> ① JOINT	<input type="checkbox"/> ④ FIDUCIARY		<input type="checkbox"/> Final Return				Abandoned NH Residency
<input type="checkbox"/> TAX FORMS MAILING ADDRESS, CITY/TOWN, STATE & ZIP CODE:			<input type="checkbox"/> Final Deceased				SSN _____
			<input type="checkbox"/> Amended Return: DO NOT use this form to report IRS adjustment.				

**STEP 3** COMPLETE THE SECOND PAGE OF THIS RETURN BEFORE PROCEEDING TO STEP 4**STEP 4**  
Figure  
Your Tax,  
Credits,  
Interest  
and  
Penalties

11	Net Taxable Income (from Line 10) .....		11	
12	<b>New Hampshire Interest and Dividends Tax</b> (Line 11 multiplied by 5%) .....		12	
13	Payments:			
	(a) Tax paid with Application for Extension .....	13(a)		
	(b) Payments from current tax period Estimated Tax .....	13(b)		
	(c) Credit carryover from prior tax period .....	13(c)		
	(d) Paid with original return (Amended returns only) ....	13(d)	13	
14	<b>Balance of Tax Due</b> (Line 12 minus Line 13) .....		14	
15	Additions to Tax:			
	(a) Interest .....	15(a)		
	(b) Failure to Pay .....	15(b)		
	(c) Failure to File .....	15(c)		
	(d) Underpayment of Estimated Tax .....	15(d)	15	

**STEP 5**  
Figure  
Your Net  
Balance  
Due or  
Overpay-  
ment

16	(a) Subtotal of Amount Due (Line 14 plus Line 15) .....	16(a)		
	(b) Return Payment Made Electronically .....	16(b)		
16	<b>Net Balance Due</b> [Line 16(a) minus Line 16(b)] (Make Check Payable to State of New Hampshire) .....		16	
17	<b>OVERPAYMENT</b> [Line 12 minus Line 13 plus Line 15 minus Line 16(b)] .....	17		
18	Amount of Line 17 to be applied to:			
	(a) Your <b>2005</b> tax liability .....		18(a)	
	(b) <b>Refund</b> - Please allow 12 weeks for processing .....		18(b)	

FOR DRA USE ONLY

Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

☐ **POA:** By checking this box and signing below, you authorize us to discuss this return with the preparer listed below.

Signature (in ink)

Date

Signature (in ink) of Paid Preparer Other Than Taxpayer

Date

If joint return, BOTH parties must sign, even if only one had income

Date

Preparer's Tax Identification Number

NH DEPT OF REVENUE ADMINISTRATION  
MAIL DOCUMENT PROCESSING DIVISION  
TO: PO BOX 2072  
CONCORD NH 03302-2072

Preparer's Address

City/Town, State &amp; Zip Code

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**INTEREST AND DIVIDENDS TAX RETURN**

**STEP 3**

1 From Your Federal Form 1040 Income Tax Return: (See Instructions)

- (a) Interest Income. Enter the amount from Line 8(a) of your federal return .....
- (b) Dividend Income. Enter the amount from Line 9(a) of your federal return .....
- (c) Federal Tax Exempt Interest Income. Enter the amount from Line 8(b) of your federal return .....
- (d) Subtotal Interest and Dividends Income. [Sum of Lines 1(a), 1(b) and 1(c)] ..... Subtotal ....

1(a)	
1(b)	
1(c)	
1(d)	

2 List **Taxable Annuities** or Actual Cash & Property Distributions From S-Corporations, Partnerships and Fiduciaries:

Entity Codes: 2 = S-CORPORATIONS; 3 = PARTNERSHIPS; 4 = TRUSTS OR ESTATES; 5 = OTHER

I ENTITY CODE	II NAME OF PAYER	III PAYER'S IDENTIFICATION NUMBER	IV DISTRIBUTION AMOUNT
Total from supplemental schedule attached			

2 Total Distributions .....

2	
---	--

3 Subtotal Interest & Dividends Income and Distributions [Line 1(d) plus Line 2] ..... Subtotal ....

3	
---	--

4 List payers and amounts of interest and/or dividends NOT TAXABLE to NH included on Lines 1(a), 1(b), 1(c) and/or 2:

I REASON CODE	II NAME OF PAYER	III PAYER'S IDENTIFICATION NUMBER	IV NON-TAXABLE AMOUNT

4(a) Subtotal of non-taxable income above (Sum of Column IV) .....

4(a)

4(b) Total non-taxable income from supplemental schedule (attached) .....

4(b)

4(c) Non-taxable income subtotal of Lines 4(a) plus 4(b) .....

4(c)

4(d) Part-year resident non-taxable income prorata share .....

4(d)

4 Total Non-Taxable Income [Sum of Line 4(c) plus Line 4(d)] .....

4	
---	--

5 Gross Taxable Income (Line 3 minus Line 4) .....

5	
---	--

6 Less: \$2,400 for Individual, Corporate LLC, Partnership and Fiduciary; \$4,800 for Joint filers .....

6	
---	--

7 Adjusted Taxable Income (Line 5 minus Line 6) If less than zero, enter amount in parenthesis .....

7	
---	--

☐ Check here to be removed from mailing list.

8 Deduction for Contributions made prior to 5/24/04 to Qualified Investment Capital Company (See instructions) .

--	--

☐ Blind    ☐ Spouse Blind    ☐ 65 (or over) or disabled    ☐ Spouse 65 (or over) or disabled  
Year of birth \_\_\_\_\_ Year of birth \_\_\_\_\_

8	
---	--

9 Check the exemptions that apply. Multiply the total number of boxes checked above \_\_\_\_\_ x 1,200= .....

--	--

10 **Net Taxable Income** (Line 7 minus Lines 8 and 9) If less than zero, enter amount in parenthesis .....  
Enter Line 10 amount on Page 1, Step 4, Line 11.

9	
---	--

10	
----	--